

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000157225

Entity Name: ELITE MEDICAL EQUIPMENT & SUPPLIES, LLC

Current Principal Place of Business:

324 N JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

Current Mailing Address:

324 N JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

FEI Number: 46-4074264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, NEAL H
324 N JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name PATEL, NEAL
Address 324 N JOHN YOUNG PARKWAY
City-State-Zip: KISSIMMEE FL 34741

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEAL PATEL

PRESIDENT

03/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date